

**REQUESTING PHYSICIAN****ATTACHMENT B**

**Please Note:** This form is to be used for locum tenens requested by a physician or osteopathic physician due to vacation, sickness, hospitalization or other similar leaves of absence.

I hereby request that the Credentialing Division issue a letter of authority for Locum  
Tenens Permit to the following physician: \_\_\_\_\_

The beginning date of this service is \_\_\_\_\_  
and the ending date is \_\_\_\_\_.

This is being requested due to my absence for the following reason(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If approved, I understand that said physician shall be allowed to practice at all locations  
at which I practice. Each location of practice shall not be listed, but my primary place of practice,  
and the address to which I request the letter of authority to be sent, is as follows:

\_\_\_\_\_

I understand that a letter of authority may be issued by your office. If I allow this  
physician to begin practice prior to approval to practice as a locum tenens, I and the physician  
practicing are in direct violation of the laws of the State of Nebraska.

Sincerely,

Signature: \_\_\_\_\_

Print Your Name: \_\_\_\_\_

Date: \_\_\_\_\_

Nebraska Medical License # : \_\_\_\_\_

Nebraska Address: \_\_\_\_\_

\_\_\_\_\_

Phone number: ( \_\_\_\_\_ ) \_\_\_\_\_

Contact name: \_\_\_\_\_

Phone number: ( \_\_\_\_\_ ) \_\_\_\_\_

Please submit form to: Department of Health and Human Services, Credentialing Division  
Attn: Meegan Dyrland, PO Box 94986, 301 Centennial Mall South, Lincoln, NE 68509-4986.  
Phone: 402-471-2118